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|   |   | SEP 0 7 2004 W  |  |  | g H. Rosenblatt   | (Depositor's name)                    |
|   |   |   |  |  | 1/14/   | (Signature)                           |
|   |   |   |  | Sept   | ember 2, 2004   | (Date)                                |
| APPLICATION NO.   | FILING DATE   | FIRST NAMED INVI  |  | ENTOR  | ATTORNEY DOCKET NO.   | CONFIRMATION NO.                      |
| 09/816,937  | 03/23/2001  | James F. Brenn  |  | n III  | 55524USA9A.002  | 6957                                  |
| TITLE OF INVENTION: M   | IETHOD AND APPARATU   | IS FOR GENERAT  | ING FREQUENC   | Y MODULATED PULS   | SES   |                                       |
| APPLN, TYPE   | SMALL ENTITY  | ISSUE FE  | E  | PUBLICATION FEE  | TOTAL FEE(S) DUE  | DATE DUE                              |
| nonprovisional  | NO  | \$1330  |  | \$300  | \$1630  | 09/03/2004                            |
| EXAMINER  |   | ART UNIT  |  | CLASS-SUBCLASS   | ]   |                                       |
| SUCHECKI, KRYSTYNA  |   | 2882  |  | 385-015000   |   |                                       |
| <ol> <li>Change of correspondence address or indication of "Fee Address CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cust Number is required.</li> </ol> |   |   | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Gregg H. Rosenblatt  2  3 |  |   |                                       |
| PLEASE NOTE: Unless<br>been previously submitte<br>(A) NAME OF ASSIGN   | EE  | low, no assignee da<br>submitted under sep<br>(B)   | ata will appear on to<br>parate cover. Comp  | the patent. Inclusion of a<br>letion of this form is NO<br>ITY and STATE OR CO   |   | iate when an assignment has signment. |
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| (Authorized Signature)  Greag H. Rose   | nblate Res. 4500  | (Date)  | /2/04  |  |   |                                       |
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